

ONE STOP PERMITTING

CITY OF BIRMINGHAM
DEPARTMENT OF PLANNING, ENGINEERING & PERMITS
710 North 20th Street
ROOM 207, CITY HALL
BIRMINGHAM, ALABAMA 35203

William A. Bell, Sr., Mayor

Andre V. Bittas, Director

APPLICATION / REGISTRATION FOR MASTER
ELECTRICIAN RECIPROCAL

Date_____

Case No. _____

Master No. _____

Project No. _____

Please print legibly and fill in all that apply

To: Board of Electrical Examiners

Date: _____

I, _____

Last

First

M.I.

Date of Birth _____ Social Security Number _-_-_-_-_-_-_-_-_-_-

Address: _____ City/State/Zip _____

Telephone: _ (____) _____ Fax: _ (____) _____

Email Address: _____

hereby make application to the Electrical Examining Board of the City of Birmingham for a Master Electrician’s Certificate of Competency in accordance with the provisions of the City of Birmingham and in support of this application, I HEREBY CERTIFY that I am presently the holder of a current Master Electrician’s Certificate of Competency issued by:

Reciprocal Jurisdiction: _____

Master Card/Certificate No.: _____ Date of Issue: _____

Name on Certificate: _____

Last

First

M.I.

AFFIDAVIT

I, _____, the undersigned, HEREBY CERTIFY that I possess the necessary qualifications, training and technical knowledge to install electrical wiring, apparatus or equipment for light, heat or power, as covered by the terms and provisions of the Electrical Code of the City of Birmingham; and I FURTHER CERTIFY that the above information is true and correct to the best of my knowledge, and I am making this affidavit for the purpose of consideration to the Electrical Examining Board of the City of Birmingham to issue the foresaid a Master Electrician’s Certificate of Competency in accordance with Ordinance NO. 80-132.

Signature of Applicant

Date

Sworn to and subscribed to before me this _____ day of _____, 20_____.

My commission expires: _____.

Notary Public

SEAL

ISSUANCE FEE - \$50.00

THE MASTER APPLICANT MUST BRING THIS COMPLETED APPLICATION TO THE DEPARTMENT OF PLANNING, ENGINEERING AND PERMITS, ROOM 207, CITY HALL, BIRMINGHAM, ALABAMA

FOR STAFF USE

Total Master Hours _____

Status ☐Standard ☐Permanent

Expiration Date: _____

CERTIFICATE NUMBER: _____ DATE ISSUED: _____